

BEST AVAILABLE COPY

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-375) | | | | | | SERIAL NO. 09/937 971 | | FILING DATE | |
|--|----------|------|------------------------|------|------------------------|---------------------------------|-----------------|-------------|------|
| | | | | | | APPLICANT(S) | | | |
| CLAIMS | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. |
| 1 | 1 | | | | | | 51 | | |
| 2 | | | | | | | 52 | | |
| 3 | | | | | | | 53 | | |
| 4 | | | | | | | 54 | | |
| 5 | | | | | | | 55 | | |
| 6 | | | | | | | 56 | | |
| 7 | | | | | | | 57 | | |
| 8 | | | | | | | 58 | | |
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| 10 | | | | | | | 60 | | |
| 11 | | | | | | | 61 | | |
| 12 | | | | | | | 62 | | |
| 13 | | | | | | | 63 | | |
| 14 | | | | | | | 64 | | |
| 15 | | | | | | | 65 | | |
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| 18 | | | | | | | 68 | | |
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| 35 | | | | | | | 85 | | |
| 36 | | | | | | | 86 | | |
| 37 | | | | | | | 87 | | |
| 38 | | | | | | | 88 | | |
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| 40 | | | | | | | 90 | | |
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| 42 | | | | | | | 92 | | |
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| 47 | | | | | | | 97 | | |
| 48 | | | | | | | 98 | | |
| 49 | | | | | | | 99 | | |
| 50 | | | | | | | 100 | | |
| TOTAL IND. | 1 | | | | | | TOTAL IND. | | |
| TOTAL DEP. | 10 | | | | | | TOTAL DEP. | | |
| TOTAL CLAIMS | 11 | | | | | | TOTAL CLAIMS | | |